

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
JANET B. SHULTZ
Secretary of State
Tallahassee, Florida 32399-0400

DOCUMENT # F94000005857 (7)

1. Filer's name:

SYMMETRICOM, INC.

APPROVED
AND
FILED

55 APR -7 AM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Registered Office:
85 WEST TASMAN DRIVE
SAN JOSE CA 95134

Alternate Address:
85 WEST TASMAN DRIVE
SAN JOSE CA 95134

DO NOT WRITE IN THIS SPACE

3. Date incorporated or established	3a. Date of Last Report
11/14/1994	N/A
4. FIC Number	Applies For
95-1906306	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
☐	
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes	☒ Yes ☐ No

2. Filer's Name and Address	2b. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City & State
84. Zip

11. Pursuant to the provisions of Sections 190.01, 190.02 and 190.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, except the appointment of a registered agent, and I hereby accept this designation of Section 190.03, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	C RASDAL, WILLIAM	1. NAME	C/D
2. STREET ADDRESS	85 WEST TASMAN DRIVE	2. STREET ADDRESS	
3. CITY & STATE	SAN JOSE CA 95134	3. CITY & STATE	
4. NAME	VC RISINGER, PAUL	4. NAME	VC/D
5. STREET ADDRESS	85 WEST TASMAN DRIVE	5. STREET ADDRESS	
6. CITY & STATE	SAN JOSE CA 95134	6. CITY & STATE	
7. NAME	D ANDERSON, HOWARD	7. NAME	
8. STREET ADDRESS	85 WEST TASMAN DRIVE	8. STREET ADDRESS	
9. CITY & STATE	SAN JOSE CA 95134	9. CITY & STATE	
10. NAME	D WOLFE, ROBERT	10. NAME	
11. STREET ADDRESS	85 WEST TASMAN DRIVE	11. STREET ADDRESS	
12. CITY & STATE	SAN JOSE CA 95134	12. CITY & STATE	
13. NAME	VCFO KAMSLER, J. SCOTT	13. NAME	
14. STREET ADDRESS	85 WEST TASMAN DRIVE	14. STREET ADDRESS	
15. CITY & STATE	SAN JOSE CA 95134	15. CITY & STATE	
16. NAME		16. NAME	
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY & STATE		18. CITY & STATE	
19. NAME		19. NAME	
20. STREET ADDRESS		20. STREET ADDRESS	
21. CITY & STATE		21. CITY & STATE	
22. NAME		22. NAME	
23. STREET ADDRESS		23. STREET ADDRESS	
24. CITY & STATE		24. CITY & STATE	
25. NAME		25. NAME	
26. STREET ADDRESS		26. STREET ADDRESS	
27. CITY & STATE		27. CITY & STATE	
28. NAME		28. NAME	
29. STREET ADDRESS		29. STREET ADDRESS	
30. CITY & STATE		30. CITY & STATE	

14. I, the undersigned, certify that the information submitted with this filing is voluntarily furnished and that I am not qualified for the exemption stated in Section 190.03(2)(b), Florida Statutes. I further certify that this information is accurate and that the corporation report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person. I further certify that I am an officer or director of the corporation and that my name is included in the report as required by Chapter 190, Florida Statutes, and that my name appears in Block 1, or Block 1a of this report, with my current address.

SIGNATURE: *J. Scott Kamsler* J. Scott Kamsler 7/24/95 408/943-9403